

Meet NEMSQA Board Member Peter Fischer, Representative for the American College of Surgeons Committee on Trauma, and Director of the Elvis Presley Surgical Center!



Peter Fischer, MD, MS, NRP, FACS, became an EMT in 1997, and has since progressed steadily through medical training to his current level: trauma surgeon. While his main job is serving as the Director of a level 1 trauma center in Memphis, Tennessee, he is also the Medical Team Manager for Tennessee Task Force 1, a FEMA Urban Search and Rescue response team, and the Chair of the American College of Surgeons (ACS) EMS Committee.

Peter became involved with ACS through the Future Trauma Leaders program, bringing his background in EMS to the national stage. As member representative for the Committee on Trauma, he emphasizes the importance of high-quality EMS, saying, “The Committee on Trauma looks at patient care from the time of injury to the time of rehabilitation. That means prehospital care, post-hospital care, and everything in between. A truly good trauma system works together to get the patient all the way through the continuum of care.”

What brought you into EMS?

In the very beginning of my freshman year of college, a girl went into cardiac arrest in the dorm. I ended up doing mouth-to-mouth on her, but didn’t really know what the heck I was doing. She survived and did great, and I’ve been involved in EMS ever since.

What’s a project you’ve worked on that you’re especially passionate about?

The biggest one that the Committee on Trauma has done recently is the Field Triage Guidelines, which apply to EMS providers on a daily basis. What’s most exciting is that for the first time, it was EMS providers that helped lead and guide the revisions. That’s something that’s really important for me, and it will only help the guidelines be utilized across the country.

If you could change one thing about EMS, what would it be and how would you change it?

The biggest thing we need in EMS is a culture change that improvement in quality is not punishment. That’s going to take a long time to do, but it’s really important and it’s *possible*. When I took over as medical director at my EMS agency, providers were scared to death to talk to the medical director. But over 3 years we changed the culture and now I get calls from providers saying, “How could I have done better on this call?” And that’s because they know that the goal is to improve quality care of the patient, not to punish or improve providers.

As a new Board Member, what is your vision for NEMSQA?

The next big step for NEMSQA is going to be implementation. Measures are great, but they’re only worth the piece of paper they’re written on if you can’t implement them. And once we do that, we have to follow up and measure the measure, to see if we actually got the outcome that we wanted.

Why is EMS quality improvement important from the hospital side of care?

The best way to get good long-term outcomes is to get good short-term outcomes. A huge, important part that is lacking right now is feedback to the EMS provider. We do a very poor job of providing feedback, so the only way EMS providers can determine if they did a good job is whether they got the patient to the hospital or not. And that’s really not the final outcome. We need to do a much better job of getting feedback to providers. That loop has to be completed.

What do you like to do outside of work?

I have two young boys who are age 8 and 9. I spend the majority of my time chasing them to one sports activity or another. Occasionally I attempt to play some golf, too.